	Baraa 11
PLACE OF BIRTH ARIZOI	NA STATE BOARD OF HEALTH
County of BUREAU OF V	ITAL STATISTICS State Index No.
θ α α	TIFICATE OF BIRTH Co. Register No. 421
District of State ORIGINAL CER	THORIE OF BRITT
Town of	Local Registrar's No
City of Slate (No.	
\mathcal{O} 1.	4 1
FULL NAME OF CHILD Rober	Jones Born YES
If child is not named, make Supplemental Report on bl	ank objajnable from local registrar. Alive
Twin, Number	Date of Ma O
Sex of A In order	Birth Birth
Child //Late or other () of birt	(40000) (200)
Full FATHER Name / C	Full MOTHER Maiden
John C. Jones	Name Chun Roberts
Residence Alobk, aris	Residence Globe, aris
Color Age at 13st 4-2	Color Age at 12st 4/
or Race (Years)	or Race (White Birthday (Years)
Birthplace O. ON O	Birthplace West Wales
Carnavoushire, pales	Occupation /
Occupation	Househorse
	5 400
Number of child of this mother. 2 Number of Children, of this mother, now living.	Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWAFE*
	11 - 1 that it assumed on Self 9 1017 at 4 0 M
I hereby certify that I attended the birth of the above ch	ild; and that it occurred on the first in the same in
*When there is no attending physi- cian or midwife, then the householder	(Signature) Worn / Sunselling
should make this return.	(Attending physician, midwife, householder.*)
Given or Christian name added from a	Address Mobe arm
supplemental report191 piled X	In I Plantier
Filed Filed	LOCAL REGISTRAR.
912-909-192 114	A True Copy A
COUNTY PECISTRAD	COUNTY REGISTRAR.
COUNTY REGISTRAR.	1
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